



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide – Section 1

|   |  |   |
|---|--|---|
| 1. Company/Product Number<br>Kop-Coat, Inc. / 60061-126   | 2. EPA Product Manager<br>Jacqueline Hardy   | 3. Proposed Classification<br><input type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>ValvTest Marine Diesel Additive with BioGuard Microbiocide   | PM#<br>34  |   |
| 5. Name And Address Of Applicant (Include ZIP Code)<br>Kop-Coat, Inc.<br>3040 William Pitt Way<br>Pittsburgh, PA 15238<br><input type="checkbox"/> Check if this is a new address | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:<br>EPA Reg. No. _____<br>Product Name _____ |   |

## Section II

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Amendment – Explain below.                 | <input type="checkbox"/> Final Printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application.   |
| <input type="checkbox"/> Notification – Explain below.                         | <input type="checkbox"/> Other – Explain Below.  |

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

The formula is being updated due to Kop-Coat, Inc. removing the

## Section III

|  |  |   |   |
|--|--|---|---|
| 1. Material This Product Will Be Packaged In:  |  |   |   |
| Child Resistant Packaging<br><input type="checkbox"/> Yes*<br><input checked="" type="checkbox"/> No<br><br>* Certification must be submitted                                    | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><br>If "Yes" Unit Packaging wgt. No. per Container | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><br>If "Yes" Unit Packaging wgt. No. per Container | 2. Type of Container<br><input type="checkbox"/> Metal<br><input checked="" type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container  | 4. Size(S) Retail Container<br>Gallon, Quart   | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On Labeling accompanying product            |   |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithographed<br><input checked="" type="checkbox"/> Paper glued<br><input type="checkbox"/> Stenciled |  | <input type="checkbox"/> Other _____  |   |

## Section IV

|  |  |   |
|--|--|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)  |  |   |
| Name<br>Angie Custer   | Title<br>Regulatory Affairs Specialist | Telephone No. (Include Area Code)<br>412-826-3323 |
| <b>Certification</b><br>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. |  | 6. Date Application Received                      |
| 2. Signature<br><i>Ronald W. Clawson Jr.</i>   | 3. Title<br>Global Research Director   |   |
| 4. Typed Name<br>Ronald W. Clawson, Jr. Ph.D.  | 5. Date<br>1/26/17                     |   |